18	PLACE OF BIRTH		4-11-
∦	1. County of Dila	ONA STATE BOARD	OF HEALTH
-	SUREAU OF	VITAL STATISTICS	State Index No. 148
	District of ORIGINAL CE	RTIFICATE OF BIRTH	Co. Registrar No. 491
-4	Town of mann		Local Registrar No
-	or		
the number of each, in order of birth, stated.	City of No. 44	Bullivan Dr.	StWard)
	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
	2. Full name of child Calisto Berun	ılıı	If child is not yet named, make supplemental report, as directed
	3. Sex of To be answered 4. Twin, triplet or other	6. Legiti- mate? 7. Date of	October 14.1922
	male plural births. 5. No., in order of birth	mate? 42 of birth	(Month, day, year)
	8. FATHER	14. MC	OTHER
	Full Pastar Berumen	maiden Grludg name	
	9. Residence Miami (Angons (Usual place of abode) If nonresident, give place and State	15. Residence (Usual place of abode) If nonresident, give place a	nami arizona
	10. Color or race Muxican 11. Age at last birthday 33 (Years)		ge at last birthday 29 (Years)
	12. Birthplace (city or place) Mex. Co (State or country)	18. Birthplace (city or place) (State or country)	mexico
	13. Occupation Laborer in lumber Nature of Industry yard Copper Co.	19. Occupation Nature of Industry	tousemige
	20. Number of children of this mother (Taken as of time of birth of child here- in certified and including this child.) (a) Born alive and now living(b) Born alive but now dead(c) Stillborn		
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was		
	the standing physician		
-	or midwife, then the father, nousenoider, Signature (Physician or midwife)		
ή-	child is one that neither breathes nor shows other evidence of life after birth. Address Address		
:	Given name added from a supplemental reportiled	W/1 1922 U) II Muay
i	(Month, day, year)		Local Registrar.
:	SOS - / O/9-5:20 Filed./	1 / (0	Country Registrar.